



TABOR Issue Brief

The Taxpayer’s Bill of Rights (TABOR) restricts the amount of revenue that can be spent on state and local services—from health care to transportation to education. In the 1990s, TABOR forced reductions in many state services, and since 2000 the revenue situation has become especially dire. TABOR’s ratchet effect won’t let services recover, even when the economy rebounds, so the cuts caused by revenue shortages remain in place. Services will never be able to catch up or keep pace with real economic growth—and will, in fact, continue to shrink—unless we change TABOR’s spending limits and eliminate the ratchet effect.

According to Legislative Council’s Dec. 2004 forecast, under current revenue projections, the General Assembly will have to reduce FY 2005-06 expenditures by \$244.9 million to accommodate allowable General Fund growth as prescribed by TABOR, while simultaneously giving back \$459.2 million in refunds. Colorado’s improving revenue environment means that programs supported by either General Fund or cash funds will compete against each other under TABOR spending restrictions.

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Mental Health

- The burden of long-term untreated mental illness in our society includes greater incidences of suicide and violence, forgone employment and productivity, increased substance abuse, increases in incarceration rates, and greater rates of homelessness—all of which carry significant political, social and economic costs.
- State funding for mental health services has shrunk to an all-time low. In 2001, even before recent cutbacks, Colorado ranked 31st nationally for publicly funded mental health care. We spent just over \$64 per capita—21% below the national average of \$81 per person.
- In Colorado, approximately 1 in 16 children and 1 in 12 adolescents exhibit high levels of emotional or behavioral problems.
- Suicide is the second leading cause of death among 15 to 19 year olds. According to the 2003 Youth Risk Behavior Survey, 31% of Colorado high school students had felt so sad or hopeless almost every day for two or more weeks in a row that they stopped doing some of their usual activities.
- Between 2001 and 2004, Colorado eliminated valuable mental health and drug abuse programs including the:
 - Early Intervention Program;
 - Mental Health Treatment Program for Detained Youth;
 - Early Childhood Mental Health Program; and
 - Community Mental Health Programs for uninsured, non-Medicaid eligible clients.

TABOR ISSUE BRIEF: MENTAL HEALTH

- Mental illness and substance abuse often coexist together. Between 2001 and 2004, General Fund appropriations to support alcohol or drug abuse prevention and treatment programs were reduced by more than 10 %. Colorado ranks 49th in per capita spending on substance abuse and treatment programs. Yet, it is the 1st in the nation for cocaine use, 4th in use of any illegal drug, 1st for any drug other than marijuana and 8th for marijuana use alone. State funding for substance abuse treatment programs is just \$27 million annually, with budget reductions of more than \$2 million in the last several years.
- In FY 2003-04, funding for mental health services in all state detention facilities, including a secure juvenile facility, was eliminated.
- Between 2001 and 2004, Colorado reduced the number of long-term care beds available for its most severely mentally ill citizens:
 - Ft. Logan Mental Health Institute was forced to eliminate 16 residential unit beds, 27 adult unit beds, and closed an after-care program.
 - Pueblo Mental Health eliminated eight adolescent unit beds and 32 adult bed units.
- At a time when state budget cuts have eliminated many treatment programs for juvenile delinquents, the Colorado Division of Youth Corrections recently reported that 24 % of all juveniles in the justice system have been diagnosed with a serious mental illness.
- Beginning in 1991, the Colorado Department of Corrections has seen a tenfold increase in the number of inmates with serious mental illnesses—now numbering over 2,500. The Department has become the largest unfunded and unprepared “treatment” facility in the state.

As a state we need to commit [funds for people with diagnosable mental illness]...The value of funding mental health over time is worth it. Pay a dollar now or pay four dollars later.

**Jeanne Rohner, Executive Director
Mental Health Association of Colorado, 2003**

(SOURCES: Colorado Legislative Council Issue Brief, 04-7, 2004; JBC Memorandum, 2004; *The Status of Mental Health Care in Colorado*. TriWest Group, 2003; Larimer County Report, 2003; Colorado Children’s Campaign; *National Center for Health Statistics, National Immunization Survey*; Kaiser Commission, 2003; *Health-Related Behaviors of Colorado Adolescents: Results from the Youth Risk Behavior Survey*, 2003, During the fall of 2003, 757 students in 23 public high schools in Colorado completed the survey; due to low response rate, results are representative of only those students who completed the survey); “Colorado’s Rate of Drug Use Sobering,” Denver Post. February 18th, 2005.; U.S. Substance Abuse and Mental Health Services Administration, State Estimates of Substance Use from the 2002–2003 National Surveys on Drug Use and Health).